



City of Burbank
COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING & SAFETY DIVISION
150 North Third Street • (818) 238-5280 • www.burbankca.gov
BUSINESS APPLICATION

Mail & Make Checks Payable to:
City of Burbank
P.O. Box 6459
Burbank, CA 91510-6459

IMPORTANT TO NOTE: This is only an application and is not proof of final approval of a license, permit, or tax certificate.

Initial Planning Review: <i>Preliminary review only- not an approval</i>	Zone:	OK for submittal <input type="checkbox"/> OK to issue <input type="checkbox"/>	By:	Date:
Comments:				
Reason for Application <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New business to Burbank <input type="checkbox"/> Existing Burbank business new location</div><div><input type="checkbox"/> Change of owners or officers <input type="checkbox"/> Add or drop business partners</div><div><input type="checkbox"/> Business name change <input type="checkbox"/> Change of type of business</div></div>				
Date of Application:			Business Website/Email:	
Business Name:				
Business Address:				
Mailing Address (if different):				
Business Phone: ()	Business Fax: ()	Contact Person Phone: ()		
Contact Person Name:		Contact Person Email:		
Contact Person Mailing Address:				
Detailed Description of Business that will occur at <u>THIS</u> location (attach additional sheets if needed): 				
Starting Date of Business in Burbank:		Business Hours:	Number of Employees:	
Will any physical changes be made to the building for this business (remodel, addition, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. Also, a separate building permit will be required.				
Area occupied in gross square feet: _____ Total number of parking spaces on the property: _____				
Previous business at this location _____				
If vacant, how long has this location space been vacant? _____				
Are there any other businesses located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.				
What type of business is it? Please check all that apply. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Assembly/Manufacturing <input type="checkbox"/> Auto Related (sales, repair, detailing, etc.) <input type="checkbox"/> Instructing/Teaching/Tutoring/Coaching <input type="checkbox"/> Media Post-Production/Editing <input type="checkbox"/> Media Production/Studio <input type="checkbox"/> Medical/Dental Office <input type="checkbox"/> General Office</div><div><input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Sales <input type="checkbox"/> Services, Personal or Business <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Wholesale Sales <input type="checkbox"/> Other _____</div></div>				
Will the business use any machines or equipment other than typical office equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				

REVERSE SIDE OF APPLICATION MUST BE COMPLETED

Type of Ownership ☐Corporation ☐LLC ☐Partnership ☐Sole Ownership ☐Trust ☐Other_____

Social Security No. or Federal Employer ID No.

Corporate Name

Owners, Partners, or Corporate Officers (attach additional sheets if needed)

Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	Email

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Applicant Printed Name _____ Title _____

Applicant Signature _____ Date _____

OFFICE USE – Fees subject to increase

BUSINESS LICENSE		BUSINESS TAX		
APPLICATION FEE	\$ _____	REGIS/TRANSFER FEE	\$ _____	DATE PAID: _____
PRO-RATE	\$ _____	ZONING REVIEW	\$ <u>61.00</u>	CLASS CODE: _____
ZONING REVIEW	\$ <u>61.00</u>	BASE TAX	\$ _____	ACCOUNT NO: _____
LICENSE FEE	\$ _____	PRO-RATE	\$ _____	ISSUE DATE: _____
ADJUSTMENT AMT	\$ _____	EMPLOYEE LEVY:		
		_____ X \$ _____ =	\$ _____	
CSA FEE	\$ <u>4.00</u>	TOTAL TAX	\$ _____	
TOTAL DUE	\$ _____	ADJUSTMENT AMT	\$ _____	
		CSA FEE	\$ <u>4.00</u>	
		TOTAL DUE	\$ _____	

NOTES/COMMENTS: